



PHONE 817-484-9699/FAX 817-484-9877
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SEE BACK FOR OFFICE LOCATIONS and MAP
IN-FACILITY and IN-HOME CARE AVAILABLE

PRESCRIPTION / MEDICAL NECESSITY & ORDER FOR CONSULT / TREATMENT

Patient Name: _____ Date: _____

Diagnosis: _____ ICD-9 Code (s): _____

Prognosis: _____ Length of Need: _____ (#of mos. 99= life)

PROSTHETICS

- Above the Knee Prosthesis (AKA)
- Below the Knee Prosthesis (BKA)
- Partial Foot Prosthesis
- Post Operative Rigid Dressing (ORD)
- Other

Circle all that apply:
Left Right Bilateral

- Above the Elbow Prosthesis (AE)
- Below the Elbow Prosthesis (BE)
- Hand Prosthesis
- Other

Circle all that apply:
Left Right Bilateral

MASTECTOMY

- Breast Prosthesis
- Mastectomy Bras
- Post Surgical Garment
- Other

Circle all that apply:
Left Right Bilateral

ORTHOTICS

- Hip
- Hinged Knee Brace
- ROM
- Immobilizer
- Ligament
- OA

Circle all that apply:
Left Right Bilateral

- Ankle Foot Orthosis (AFO)
- Ankle Gauntlet
- Arizona Type
- Crow Walker
- Knee Ankle Foot Orthosis (KAFO)
- Multi Podus Boots
- Night Splints
- Richie Brace Type
- Walking Boot (fracture boot)

Circle all that apply:
Left Right Bilateral

- Shoulder
- Elbow
- Wrist
- Hand
- Cervical
- Spinal

Circle all that apply:
Left Right Bilateral

SHOES

- Diabetic
- Custom Diabetic
- Therapeutic Extra Depth
- Offloading Shoe/Boot (peg system)
- Cast Shoe/ Post Op Shoe

INSERTS

- Diabetic (Heat Moldable)
- Custom Diabetic Inserts
- Custom Foot Orthotics
- Other

Other

Physician's Name: _____ NPI: _____

Physician's Address: _____ City, State, Zip: _____

Phone #: _____ Fax: _____

Physician's Signature: _____ Date: _____